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Leaftet Regarding Rules of Publication.—California and Western Medicine has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

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DITORIALS†

CALIFORNIA'S FIFTY-FOURTH LEGIS-LATURE: IN RETROSPECT

Large Number of Proposed Laws.—On Saturday, June 14, this year's Legislature—California's fifty-fourth-adjourned, with a record of more than four thousand measures having been submitted. In line with past experience, it was found that several hundred proposed laws had public health and medical practice implications; almost one hundred of this latter group containing provisions that could play havoc, if passed, with desired objectives.

Members of the medical profession should feel pleased in the knowledge that no legislation of vicious nature went on to enactment, and subsequent placement in the statute books of the State.

Comment will be made, first, on certain measures in which the California Medical Association had special interest, and, secondly, on proposals submitted from various other sources, the purposes of which would not make for a betterment of existing or future conditions in medical practice.

Some Measures of Special Interest.—At the California Medical Association session held in 1940, at Coronado, Resolution No. 23 on "Pound Legislation" (CALIFORNIA AND WESTERN MEDI-CINE, June, 1940, pages 271 and 294), recommended the passage of a law that would permit "the use of unclaimed animals from the public pounds by recognized scientific organizations for investigative purposes." In the recent legislature, a measure, known as Senate Bill 488, drafted to accomplish this aim, met with serious opposition from the antivivisectionist group, became also the source of considerable newspaper comment, and after strenuous discussion in committee hearings, was tabled in executive session by the Senate Committee on Public Health.

At the Coronado meeting, Doctor Bullock of Los Angeles introduced Resolution No. 24 for proposed legislation granting traffic law exemptions to physicians when responding to emergency calls, the same being adopted (CALIFORNIA AND WESTERN Medicine, June, 1940, pages 271 and 294). An act drafted and introduced as Assembly Bill 690 went on to enactment, now being recorded as Chapter 573, Section 454.2 of the Vehicle Code

[†] Editorials on subjects of scientific and editorial interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

of California. Reference to this measure is made under Item 20 of the minutes of the California Medical Association Council, appearing in this issue on page 144.

The text of the new law which, with other statutes, will become operative ninety days after the June 14 adjournment, namely, on September 3, reads as follows:

The people of the State of California do enact as follows: Section 1. Section 454.2 is hereby added to the Vehicle Code, to read as follows:

454.2. Vehicles Owned by Physicians. A physician traveling in response to an emergency call shall be exempt from the provisions of Section 511 of this code; provided, the vehicle so used by him displays an insignia approved by the Department of Motor Vehicles, indicating that such vehicle is owned by a licensed physician. The provisions of this section shall not relieve the driver of any such vehicle from the duty to drive with due regard for the safety of all persons using the highway, nor shall the provisions of this section protect any such driver from the consequences of an arbitrary exercise of the privileges declared in this section.

It is to be regretted that the statute did not provide that the special insignia, to be placed on automobiles, should be secured from the California Department of Motor Vehicles, through applications previously approved by the state examining boards of physicians. However, the beginning has been made.

Assembly Bill 1625, a measure designed particularly to make it possible for nonprofit medical service organizations to contract with public agencies for health services needed in the care of persons on relief, did not receive the approval of the Assembly Committee on Ways and Means. The issues involved are important. Thanks are due, however, to the committee whose members gave much thought to the measure. The subject is worthy of continued study, with possible and hoped-for future action and adoption.

As the result of Assembly Bill 563, a law will find a place on the statute books that will render important service in establishing California Physicians' Service, a nonprofit corporation, on a firmer foundation.

Assembly Bill 1475, the so-called "foreign doctors' bill," became a law in spite of veto by Governor Olson, the gubernatorial rejection being overridden after a bitter contest.

In the Legislature of 1939, the compulsory health act was one of Governor Olson's "must pass" measures, but in spite of such blessing, after a bitter fight, it went down to defeat, the story being told at the time in California and Western Medicine. Similar bills were introduced in the 1941 legislative session (A. B. 1730 and S. B. 645), but never were pushed, even for first steps in committee hearings. These measures will, of course, again come to the front two years hence.

It is to be regretted that efforts to make possible the compensation of physicians and surgeons upon whom the care of persons injured in accidents may have fallen, when such injured persons become the beneficiaries of sums collected because of such injuries, did not receive approval by legislators. Such "lien bills" are virtually in vogue in many court

procedures. Here, also, the battle for fair dealing will probably continue.

Elsewhere, on page 147 of this issue of CALI-FORNIA AND WESTERN MEDICINE is given a summary of the past year's legislation relating to medical practice, and members should find its inspection of interest and value.

Expressions of Appreciation Are in Order.— These comments should not close without calling attention to two things:

- 1. The splendid work rendered by the California Medical Association and County Committees on Public Policy and Legislation, to whom, and to all who thus aided, thanks of the Association are tendered.
- 2. And the kindly spirit in which Senators and Assemblymen conferred with representatives of the medical profession on matters of public health. To these legislators, also, thanks are given for their sympathetic coöperation and aid.

In this connection, component county societies and members of the California Medical Association should not forget to maintain all cordial contacts already established. Why not, for example, as many societies do, invite your legislators as guests at one of the get-together meetings? In this number of the Official Journal appears an item concerning the recent four-county meeting at Vallejo. Its perusal will reveal how one group of physicians in the East Bay section of the San Francisco area maintain cordial relationships with law-makers, such as are always agreeable and helpful. The example is worthy of emulation.

PHYSICAL REHABILITATION OF SELECTEES: BY WHAT METHOD?

Experiences of Local Draft Board Examiners. Physicians who have been giving their services without cost to the Government, as examiners for local draft boards, early in their work recognized that a variety of physical defects, many sufficient to entitle the selectee under consideration to a non-military classification, were of a remedial, surgical or other nature.

However, nothing could be done in the premises, since there was nothing in the Selective Draft Act whereby rehabilitation services could be provided by the Government, to be accepted by the selectee, voluntarily or otherwise.

Recently, press dispatches from Washington have brought the information that the Federal Security Administration, through a special committee, has espoused a plan bearing on this problem, as witness:

The national selective service director would issue instructions to local board chairmen on placing registrants with remediable defects, and limited means, under the care of hospitals and other agencies designated for the purpose by local rehabilitation committees. Local boards would set a limit for correction of any defect and require the registrant to present himself for reclassification.

Recommendations of Federal Security Administration.—The changes recommended by the